



# Nevada State Board of Veterinary Medical Examiners

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SPRING 2018

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Ron Sandoval, DVM  
Vice-President  
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Sharon Gorman, DVM  
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Betsy Phillips, DVM  
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## From the President Scott Bradley, DVM

Please enjoy this letter from the Board's new President, Dr. Scott Bradley. Dr. Bradley has served on the Board since October 30, 2006 and was recently elected to serve as President at the January 25, 2018 Board Meeting.

In step with the rapidly changing world that we live in, the veterinarians of the State of Nevada have experienced significant changes in what services we can provide for our patients and clients and how those services are provided. The clients expectations of what can be provided has risen significantly in the time that I have had the honor and responsibility of being a member of the Nevada State Board of Veterinary Medical Examiners. What was yesterday's Standard of Excellence is rapidly becoming today's Standard of Care, a standard to which all doctors, LVTs, VAs and staff have the responsibility to uphold.

We have seen many changes in the legal definitions and boundaries of the Standard of Care during that time including the addition to the Board of a Licensed Veterinary Technician that gives the LVTs of the state a voice on the Board. The process for bringing these changes to pass is long and demanding, and the Board takes great care in soliciting input from the public, licensees, and business throughout Nevada. The responsibility lies with the Board staff and legal counsel to guide the process once the Board gives them direction, and the Board's lobbyist keeps the Board apprised of any pending legislation that may affect our profession.

In short, it's complicated.

It takes a dedicated team to make it run smoothly and achieve the goal of encouraging practitioners to uphold the minimum Standard of Care while giving the citizens of the state a venue to voice their concerns and questions regarding the profession and the veterinary care provided for them

The legislature recently passed, and Governor Sandoval signed into effect, a number of regulations that affect our profession. These regulation changes address concerns with compounding and repackaging pharmaceuticals, the establishment of the classification of equine dental providers, supragingival non-anesthetic oral care, and off site supervision of LVTs just to name a few of the changes. Veterinarians and LVTs are encouraged to review these changes and be clear of their applications for we are accountable for adherence to these changes. The newly adopted regulations R073-16 and R110-16 can be found on the State legislative website. Please take the time to review and be familiar with their application to the practice of veterinary medicine. Please contact the Board office should you have any questions.

Continued on Page (2)

	2016	2017
NEW VETERINARIANS LICENSED	98	99
NEW BOARD CERTIFIED VETERINARIAN DIPLOMATES	7	3
ACTIVE VETERINARIANS/DIPLOMATES	913	990
INACTIVE VETERINARIANS/DIPLOMATES	179	167
VETERINARY FACILITIES/MOBILE FACILITIES	222	234
NEW LICENSED VETERINARY TECHNICIANS	68	69
ACTIVE LICENSED VETERINARY TECHNICIANS	612	680
VETERINARY TECHNICIANS-IN-TRAINING	167	171
NEW EUTHANASIA TECHNICIANS	4	12
ACTIVE EUTHANASIA TECHNICIANS	70	69
ANIMAL CHIROPRACTORS	7	8
ANIMAL PHYSICAL THERAPIST	4	5
FORMAL COMPLAINTS FILED	35	78

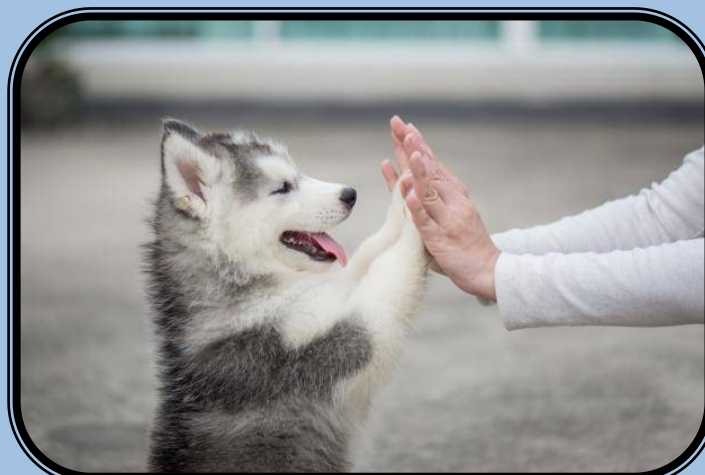
## Continued from page (1) Letter from the President

What the future holds for us who have dedicated our lives to a profession that makes this world a better place, is largely unknown. What is known is that most of us are overworked, underappreciated, and undercompensated. These factors in combination with ever increasing expectations of clients and ourselves to solve problems that are at times unsolvable, creates a significant life balance challenge, one that sadly has effected many if not all of us with the loss of a colleague due in large part to a failure to engage in a healthy dose of self-awareness and self-care. Thankfully awareness of this challenge is increasing, and resources for helping us to not only counsel our clients during painful process of loss but also to counsel ourselves and reach out for assistance when needed.

If we are not wholly available to ourselves, we cannot be wholly available to our families, loved ones, our clients, or our patients. Please make some time for some productive self-care; you are worth it.

Sincerely,

Scott B. Bradley DVM



## Welcome to the Board, Sharon Gorman, DVM



The Nevada Board of Veterinary Medical Examiners would like to welcome one of its newest member, Dr. Sharon Gorman. Dr. Gorman joined the Board for her first term in November, 2017.

Dr. Gorman is the owner of Creature Comforts Animal Hospital in Las Vegas. She has lived in Las Vegas since graduating Virginia-Maryland Regional College of Veterinary Medicine (GO HOKIES!) in 1996. Originally from New Jersey, the adventure of moving across country brought her to Vegas and the desert climate has kept her here.

From the time she could utter her first words as a toddler, Dr. Sharon Gorman knew she wanted to work with animals. As she grew older, she realized she would only be satisfied with a career that was challenging, fulfilling, and constantly evolving. Veterinary medicine fit the bill perfectly!

Dr. Gorman, her husband Jason, and their children Skylar, Sierra, and Cody share their home with many pets. They have four dogs—Molly, Panda Pooh, Bandit, and Boo—as well as a pair of cats named Rose and Hokie. The family also keeps three horses: Radar, Casper, and Colby.

Aside from horseback riding, Dr. Gorman loves to scuba dive when time permits. She and her family go on a scuba trip every year. She loves going somewhere new each year and getting to see remote islands. At home, the family spends their days off in the summer on Lake Mead boating.

Dr. Gorman joined the board in an effort to give back to the veterinary community and the public that we serve.

## Welcome to the Board, Betsy Phillips, DVM

The Nevada Board of Veterinary Medical Examiners would like to welcome one of its newest member, Dr. Betsy Phillips. Dr. Phillips joined the Board for her first term in November, 2017.

Dr. Phillips grew up in Kansas City, Missouri, then attended the College of William and Mary in Williamsburg, Virginia with a double major in biology and anthropology. Dr. Phillips graduated Summa Cum Laude from the University of Missouri College of Veterinary Medicine in 2000. She then moved to Minden, Nevada with her husband after graduation and has been in small animal practice in the Reno area for the past 18 years.

Dr. Phillips served 7 years on the Nevada Veterinary Medical Association Board, culminating with serving as President in 2014. During that time, she enjoyed getting to know the other board members from around the state, and working together to advocate for the veterinary profession as a whole.

She currently works part-time at the Animal Medical Center of Reno and Reno Hospital for Cats, and strives to provide a low-stress experience for patients and their families. Her main areas of interest are early socialization and its impact on behavior, dermatology, pain control, and ophthalmology. As a NVMA board member, Dr. Phillips volunteered as lab coordinator for the Wild West Veterinary Conference for several years, and served as co-Medical Director for the Wild West Veterinary Conference for the past 3 years. Planning the scientific program and recruiting top-notch speakers is an aspect of veterinary medicine that she never thought she would have been involved with, but finds it very interesting and quite fun.

Her days off are spent attempting to keep up with her 12 year old daughter and 10 year old son and their many activities. Family vacations are spent near water, whether that's Lake Tahoe on Summer weekends or trips to the ocean to enjoy the surf and sand.

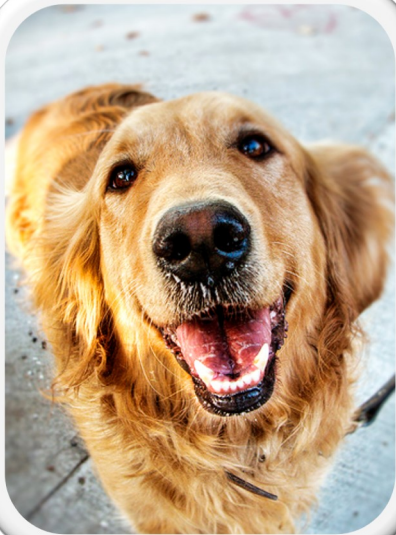
Dr. Phillips says that she is honored to be serving on the Board of examiners for our great state, and is looking forward to working with other board members, our state's veterinarians, and the public. Veterinary medicine is a wide and varied profession and she enjoys being a part of all aspects of it.





# 2017 Hospital Inspection Report

During the 2017 calendar year, the results from hospital inspections of veterinary facilities in the state of Nevada were exemplary. Out of 85 inspections, the Board inspectors saw 23 hospitals that received perfect inspections. A perfect inspection is a difficult feat, so please join the Board in congratulating the following facilities on their success:



- Spay and Neuter Center, Las Vegas 10/17/17
- Montecito Animal Hospital 1/24/17
- Henderson Animal Hospital 1/17/17
- Animal Allergy & Dermatology 10/3/17
- Sunset Eastern Animal Hospital 8/1/17
- Boca Park Animal Hospital 9/12/17
- VCA Hualapai Animal Hospital 9/19/17
- Animal Foundation (ET's) 7/18/17
- Siena Animal Hospital 10/3/17
- Nye Co Vet Hospital 5/23/17

- Lone Mountain Animal Hospital 4/18/17
- Cheyenne West Animal Hospital 3/21/17
- College of Southern Nevada Clinic 3/14/17
- VCA Decatur 3/14/17
- Critter Care Animal Hospital 2/21/17
- Bonanza Cat Hospital 1/24/17
- Virgin Valley Animal Hospital 6/13/17



- Creature Comforts Animal Hospital 2/14/17
- Banfield #1381 1/31/17
- Seven Hills Animal Hospital 10/11/17
- South Valley Animal Hospital 1/10/17
- Oasis Animal Hospital 1/10/17
- Henderson Animal Control 5/30/17



**Continuing Education FAQs** Every year the Board office received numerous calls from licensees who are unclear about the requirements for continuing education in Nevada. We hope this article can shed a little light on those questions.

**What is a Board Approved CE Course?** Approved CE is a course that is provided/approved by:

- The AVMA or a specialty group of the AVMA
- The Western Veterinary Conference, Wild West Veterinary Conference or any regional conference
- US and/or State Department of Agriculture
- American Animal Hospital Association
- Nevada Veterinary Medical Association
- Institution of the Nevada Higher Education System
- An AVMA accredited school of veterinary medicine
- An AVMA accredited school for veterinary technicians
- RACE approved courses

License Type	Hours Required
Veterinarians	20 hours
LVTs	10 hours
Animal Chiropractors	15 hours
Animal Physical Therapists	5 hours

**How many hours can I take online or in-person?**

The maximum number of hours that can be used for CE credit is 1/2 of the total number of hours required for renewal. For example, an LVT can only use 5 hours of online/non-interactive CE for renewal; at least 5 hours of CE must be earned at a live/interactive seminar.

**What are you required to submit if audited?**

Renewals are due on or before December 31 of each year. For the first renewal a licensee submits, he or she is not required to submit CE. The audit for CE begins in early March of each year. Approximately 5% of the active renewals are randomly selected amongst the various license types, and notification for audit are sent out. If you receive a notice of audit, you are required to submit copies of your approved CE within 14 days of receipt of the notice.

**What will happen if I have don't have the number of CE hours I listed on my renewal?**

Unfortunately, any false information provided on a renewal that cannot be verified by documentation of your CE will result in a Board complaint being initiated. If that occurs, you will be required to contact the Board office for further information. You will be noticed by certified mail if a complaint is initiated. Please contact the Board office before the end of the renewal period, if you believe you will have difficulty obtaining the correct amount of CE.

**What if I still have questions?**

If you ever question whether the office has received your documentation or if a course is approved, please contact the Board office as soon as possible so that you can get information as soon as possible.



July 19, 2018	Reno
October 18, 2018	Las Vegas
January 24, 2019	Reno
April 25, 2019	Las Vegas
July 25, 2019	Reno
October 17, 2019	Las Vegas

**Upcoming Meetings For 2018 and 2019**

## Emerging Trends: CBD in Veterinary Medicine



Are you getting questions about the use of CBD (Cannabidiol) in your clinic? Do you know what CBD is? Is there a difference between CBD, marijuana and hemp? There are a lot of questions out there and few clear answers; however, we are going to try to give some guidance where possible.

If you haven't yet been asked about treatment using CBD (the non-psychoactive component of marijuana) or hemp products for one ailment or another, it's likely you will be in the near future.

As of March 30, 2018 thirty states and the District of Columbia have laws that legalize marijuana in some form. Due to the growing prevalence of marijuana use, there is also a growing public interest in pursuing the use of CBD oil and other hemp products for a multitude of treatments and ailments that may be affecting a client's pet. While there are no current laws pertaining to the use of CBD products for pets, there is information that should be considered by practitioners that may give some guidance on how to handle questions from clients.

According to the DEA:

*"the scientific literature indicates, cannabinoids, such as tetrahydrocannabinols (THC), cannabidiols (CBD), and cannabidiols (CBD) are found in parts of the cannabis plant that fall within the CSA [controlled substance act] definition of marijuana. According to scientific literature, cannabinoids are not found in the parts of the cannabis plant that are excluded from the CSA definition of marijuana except for trace amounts"*

In order to clarify what the DEA is stating it is important to remember that the DEA defines 'hemp' and 'marijuana' differently. The plant itself can be broken down into separate portions, some of which are illegal and some of which are not, depending on what compounds are found in different parts of the plant. Essentially, marijuana includes flowers, leaves, and seeds which can be used to grow marijuana plants; whereas, stalks, stems, fibers, and seeds which *cannot* grow marijuana plants are exempt from the CSA and are legal. The basis for the portioning of the plant is that hemp is defined as having below 0.3% THC by dry weight. Therefore, hemp, because it lacks the chemical components of medicinal or recreational marijuana is legal. The portions that are considered to contain CBD are included in the definition of marijuana and are therefore federally scheduled.

Any portion of the plant that is considered 'marijuana' is a Schedule I drug, as defined within the Controlled Substances Act. All illicit drugs are categorized as Schedule I on the federal level (LSD, heroin, ecstasy, etc.), and are defined as having a high potential for abuse and as having no medicinal value. Because many states are now legalizing marijuana, and the federal laws maintain its illegal status, there is uncertainty about how to proceed as practitioners.

**Continued on page 7**

Now that we have a little information about the different parts of the DEA definitions, we can discuss what is happening on the local level. In Nevada, a state where it is legal for both medicinal and recreational use, marijuana is only legally available at licensed and regulated dispensaries, and a significant number of dispensaries carry some form of CBD product for animals. The ability for veterinarians to recommend CBD or sell CBD for treatment is still unlawful by the federal mandate. State regulations do not currently offer protection to veterinarians to recommend the use of CBD. In a recent AAHA article, a veterinarian from Colorado who is involved in advocating cannabis in veterinary care was quoted as stating that “right now, it’s more legal for a random person off the street or an employee of a recreational dispensary to give a pet owner advice about cannabis”<sup>2</sup> While that may be a frustrating position to be in, because veterinarians have federal DEA and CSR registrations, there can be serious consequences that could arise from recommending marijuana products without state or federal approval.

However, if you have clients that have asked about the use of CBD, you can let them know that you cannot prescribe or recommend it as part of treatment. However, if you feel comfortable as the practitioner, you can inform the client that supplements and products are available in regional dispensaries if they are interested. It would also be wise, that if your client makes you aware that they are planning on treating or already are treating with CBD, that you advise them of the risks, possible prescription interactions, and/or signs of toxicity, so that they are aware of the potential for harm. As always, please make notes in the medical records regarding these discussions, so if there are problems, you will have that information readily available.

Again, we recognize that this can be a frustrating situation for both the public and the professionals in the veterinary community, but unfortunately due to the 'middle' area between state legalization and federal drug schedules, that is the best advice that can be given so as not to jeopardize any DEA or CSR registration that a practitioner may carry.

Currently, there are medical studies being done at a few veterinary universities regarding the efficacy of CBD in treating companion animals. There is also some work being done to reschedule marijuana on a federal level. In past legislative sessions, there have been bills submitted pertaining to use of marijuana in treating animals. If you are interested in what is going on more locally, there is an upcoming legislative session in 2019 where there may be opportunities to revisit the ability for veterinarians to recommend or treat using CBD. You can view up to date legislative information at <https://www.leg.state.nv.us/>

This topic carries with it a lot of moving parts on the state and federal level, so we appreciate your patience and feedback to make the process as smooth as possible. If you have any questions, please feel free to contact the Board office at 775-688-1788 or the Board of Pharmacy at 775-850-1440.

1. "Clarification of the New Drug Code (7350) for Marijuana Extract." DEA Diversion Control Division. Accessed June 19, 2018. [https://www.deadiversion.usdoj.gov/schedules/marijuana/m\\_extract\\_7350.html](https://www.deadiversion.usdoj.gov/schedules/marijuana/m_extract_7350.html).
2. Rumble, Sarah. "High Time for Cannabis Research." AAHA. May 2018. Accessed June 19, 2018. [https://www.aaha.org/professional/resources/high\\_time\\_for\\_cannabis\\_research.aspx](https://www.aaha.org/professional/resources/high_time_for_cannabis_research.aspx).



# New Regulation Update 2018

Throughout 2016 and 2017, the Board held workshops to develop regulations pertaining to various portions of the Nevada Administrative Code (NAC) Chapter 638. On February 27, 2018, the Nevada Legislative Commission voted to

approve the regulation changes. Full text of the adopted regulations can be found at:

<https://www.leg.state.nv.us/Register/2016Register/R073-16A.pdf> AND <https://www.leg.state.nv.us/Register/2016Register/R110-16A.pdf>

LCB FILE/ SECTION	DESCRIPTION	OVERVIEW
R073-16 Section 2	Establishing rules for the use and administration of compounded drugs.	A licensed veterinarian may order, dispense, or administer a compounded drug under certain restrictions. A) A veterinarian must order the compounded drug from a pharmacy; the drug can not be prescribed. B) The quantity that is ordered must not exceed the quantity reasonably needed to treat the patient while the produce will be effective or safe. C) A similar, commercially manufactured product that is approved by the FDA is not available, or if there is a documented shortage. The compounded drug must be administered by a licensed veterinarian, licensed veterinary technician (LVT), or veterinary technician in training (VTIT) at a facility or dispensed to an owner in an amount sufficient to complete the course of the treatment or a 14 day supply. Compounded drugs do not include existing drug product to which coloring or flavoring is added.
R073-16 Section 4	Addition to the definition of 'mobile clinic'	A 'mobile clinic' is a veterinary facility operated from a vehicle, including, without limitation, a truck, trailer, or motor home.
R073-16 Section 6	Makes changes to the fees for application and renewal of licenses and registrations	An application for facilities owned by a veterinarian is \$200.00. An application to operate a mobile clinic is \$50.00. The renewal of a facility owned by a veterinarian is \$100.00. The renewal of a mobile clinic costs \$50.00. A facility is defined as 'owned by a licensed veterinarian' if one or more licensed veterinarian holds at least 10% of the total ownership interest, solely, or jointly, of the facility.
R073-16 Section 7	The adoption of the 2003 AVMA ethics	The Board adopted by reference the 2003 Principles of Veterinary Medical Ethics by the American Veterinary Medical Association.
R073-16 Section 8	Changes to medical records requirements	The information contained in the medical records must not be removed, erased, redacted, or made unreadable. Any change to a written record must include the date of the addition, supplementation, or alteration was made, and the signature or initials of the person who made the addition, supplementation, or alteration.
R073-16 Section 9	The establishment of the scope of 'off-site' supervision of LVTs	An LVT may, under off-site supervision of a supervising veterinarian, perform certain tasks if a VCPR has been established by the supervising veterinarian and a diagnosis has been made for the specific treatment of the animal. An LVT may perform the following outside of a veterinary facility: application and changing of bandages, administration of oral and topical medications, starting and administering of intravenous or subcutaneous fluids, collection of laboratory specimens for analysis, administration of intramuscular, subcutaneous, or intravenous injections (except for vaccinations), implantation of a microchip (except in horses), monitoring of vital signs, external anal gland expression, administration of a therapeutic laser, animal physical therapy. Before performing any task an LVT must first take and record the animal's temperature, pulse and respiration. The supervising veterinarian must give written or oral instructions for the treatment of the animal and must be available by telephone to immediately response to any questions or concerns from the treating LVT.
R073-16 Section 10	Changes to the definition of veterinarian in charge	A veterinarian in charge is responsible for any violations to state or local law, regulation, or ordinance as it relates to the practice of veterinary medicine, including, controlled substances and dangerous drugs.
R073-16 Section 11	The requirements for the logging of controlled substances	The log for schedule II must account for the amount of the drug(s) exactly. The log for drugs listed in schedule III-V must be accounted for within a variance not to exceed 10% for the 6 months preceding the account.
R073-16 Section 12	The packaging and labelling of prescription drugs in quantities suitable for use within a practice	A veterinarian or LVT may package prescription drugs in smaller quantities so long as the package includes the name, strength, form of dosage, lot number, and expiration date of the drug. A log must be kept at the facility that includes that aforementioned information for any drugs that are packaged. The log must also contain the number of packages, the date of packaging and the initials of the preparer.
R073-16 Section 3, 13-17, 22	Amends the rules for administrative proceedings	Service of accusations in a disciplinary matter must be served by certified mail to the last known address on file with the Board. Answers to accusatory pleadings, motions, opposition or reply must be filed with the Board by e-mail. Additionally, sections 13-17 and 22 make changes to the rules for administrative proceedings.
R073-16 Section 18	The availability of oxygen and microchipping at a vaccination clinic	An oxygen container or similar means of administering medical grade oxygen must be provided. A veterinarian, LVT, or VTIT may provide subcutaneous implantation of a microchip.



LCB FILE	DESCRIPTION	OVERVIEW
Ro73-16 Section 19	Authorizes the supragingival cleaning of the teeth of an animal without general anesthesia	The cleaning of the supragingival portion of the teeth, including, scaling with dental tools or ultrasound may be done without general anesthesia if the procedure is at a veterinary facility, a veterinarian has conducted a full oral exam within 6 months, the animal is a suitable candidate and is elective for the client, the client has signed a form acknowledging that he or she is aware of the difference between a supragingival cleaning and full anesthetic dental. The procedure must terminate if the animal becomes resistant or fractious or if continuation would cause harm or suffering of the animal. The procedure must stop if signs of advanced dental disease, tooth mobility, advanced gingivitis, abnormal bleeding, stomatitis, advanced gingival recession, furcation exposures, excessive gingival hyperplasia, abnormal probing depths, visual or tactile tooth resorption, fractures, growths, abscesses, pyorrhea, pulpitis, or discoloration are found. If an LVT or VTIT terminates the cleaning due to the reasons notes above, he or she must notify the supervising veterinarian.
Ro73-16 Section 20 and 21	Changes to Animal Physical Therapy (APT) and Animal Chiropractor (AC)	An applicant for APT or AC must provide proof that he or she has been an active licensee in any state for at least one year.
R110-16 Section 3 and 4	Sets forth the scope of activities that an 'equine dental practitioner' (EDP) may conduct	This section states that an EDP may examine and treat the mouth and teeth of horses through the removal of enamel points with a handheld file, rasp, or motorized or air powered devices. The maintenance of normal molar table angles and freeing up lateral excursion and other normal movements of the mandible. The removes of points from the buccal aspects of the upper arcade and the lingual aspect of the lower arcade. The scope of EDPs do not include the extraction of teeth or the performance of oral surgery. An EDP may only extract a digitally loose tooth and can be extracted without the cutting of gum or other soft tissue.
R110-16 Section 5	Sets forth the requirement that an equine dental practitioner must obtain a certification of registration from the Board. Establishes the requirements that an applicant must meet for the Board to issue a certificate of registration to practice as an equine dental practitioner.	An EDP must obtain a certificate of registration to practice equine dentistry in the state of Nevada. An applicant for EDP registration must submit the EDP application, proof of current certification from professional equine dentistry organization, a written statement from a licensed veterinarian who will directly supervision the EDP, and proof of liability insurance for practice as an EDP.
R110-16 Section 6	Establishes regulations for the renewal of an equine dental practitioner	An EDP must submit annually a renewal of the registration for EDP. The form must by accompanied with proof that the certification for the equine dentistry organization approved by the Board is current, proof that the EDP completed 8 hours of approved continuing education that was earned in the preceding calendar year. Failure to renew will cause the registration to be forfeit.
R110-16 Section 7	Authorizes a registered equine dental practitioner to practice only under the direct supervision of a licensed veterinarian and establishes requirements to maintain certain records and transmit those records to the treating veterinarian.	An EDP who holds a certificate of registration may only practice under the direct supervision of a veterinarian who has established a valid veterinary-client-patient -relationship (VCPR) with the animal receiving treatment no more than 12 hours before the dentistry is being performed. The EDP assumed liability for the quality of the dentistry that is performed. The veterinarian who is directly supervising the EDP is required to directly supervise the EDP during treatment, is not liable for acts or omissions of the EDP who performs the dentistry. Medical records must be maintained for at least 4 years for each animal receiving equine dentistry treatment from the EDP. The record must include identifying information of the owner, identifying information of the animal, the dates of care and treatment of the animal, the dental chart, the progress and disposition of the case. Within 48 hours of the initial visit, the EDP must transmit the complete copy of the record to the supervising licensed veterinarian. Within 48 hours after each visit, the EDP must transmit a progress report to the supervising licensed veterinarian.
R110-16 Section 8	Authorizes the Board to impose disciplinary action if an equine dental provider violates the provisions of existing law and regulations governing the practice of veterinary medicine or the practice of equine dentistry.	A ruling of misconduct or noncompliance with the standards of practice of equine dentistry by a professional equine dentistry organization approved by the Board may be grounds for discipline. If a registered EDP is found to have committed an act which is grounds for discipline, the EDP may have his or her certificate revoked, suspended, have an administrative fine issued, be required to take a competency, mental, or physical examination, or be placed on probation.

## 2017-2018 Completed Disciplinary Cases

Disciplinary Action 2016-2017: Additional information on the individual discipline can be obtained by contacting the Board office. The following is summary of disciplinary action taken by the Board in the past year:			
Case Number and Type of Discipline	Area	Violations	Conditions of the Order
<p>07-2016FAC-28 Letter of Reprimand 7/13/2017</p> <p>09-2016DVM-44 Letter of Reprimand 10/19/2017</p>	South	<p>NAC638.046(1) Violation of Principles of Ethics of the American Veterinary Medical Association (AVMA) Section II(E) (Communication after VCPR) and Section II(H) (Failure to treat Clients and General Public with Respect) in that the licensee and facility communications of important diagnostic information to patient's owners was untimely throughout the course of their handling of the case, including, (a) not reporting the results of a biopsy and endoscopy until 14 days after the tests were performed and then only after repeated attempts at communication by the owners by telephone and email; and (b) not reporting the results of the lab work that were received by the licensee and facility until 5 days later.</p>	<p>The licensee and facility will each pay attorney's fees and costs, investigative costs, and Board costs of \$2149.28.</p> <p>The licensee will submit proof of four hours of continuing education in veterinary ethics and client communication.</p> <p>The facility will present the Board with policies and procedures that: (a) assure that information derived from diagnostic procedures shall be reviewed and analyzed by veterinarians caring for an animal at issue in a timely manner appropriate to the treatment of the animal; (b) require that the veterinarian who reviews and analyzes the information derived from diagnostic procedures records in the medical record for an animal at issue any diagnoses, treatment recommendations, or other medically relevant thoughts or conclusions related to the diagnostic procedures; (c) assure that the veterinarian effectively and timely communicates the medically relevant diagnostic results or findings and his/her diagnoses, to treatment recommendations or other medically relevant diagnostic results or findings and his or her diagnosis, treatment recommendations, or other medically relevant thoughts or analysis to the owner of the animal at issue in a timely manner appropriate to the treatment of the animal at issue; (d) establish a system and procedure by which any other veterinarian outside of the facility will obtain clinically important or necessary information from the facility in a manner to assure that the veterinarian receiving the information can make good and timely use of the information in the case of the animal at issue.</p>

Disciplinary Action 2016-2017: Additional information on the individual discipline can be obtained by contacting the Board office. The following is summary of disciplinary action taken by the Board in the past year:

Case Number and Type of Discipline	Area	Violations	Conditions of the Order
08-2016DVM-37 Letter of Reprimand 10/19/2017	South	The Board found that the licensee violated NAC638.045(2)(Negligence) in that his assessment after examining the patient was that the patient was an inappropriate candidate at that time for cesarean section based upon an indistinct ultrasound and observation of her condition in the examination room and without regard for the observations of the owners at their home and without performance of other diagnostic testing that were within the facility's capabilities and the licensee inappropriately released the patient to the owners when the patient's trauma indicated that the patient should have been hospitalized and observed at least overnight at an appropriate facility.	The licensee agreed to pay attorney fees, investigative costs, and Board costs of \$959.00 and submit proof of four hours of continuing education in pregnancy and labor in small animals and four hours in post-surgical care for small animals.
09-2016FAC-37 Letter of Reprimand 4/27/2017	South	The Board found that the facility violated NAC638.045(2) (Negligence) in that the facility did not have adequate policies and procedures regarding maintenance and checking of anesthesia machines in place at the time of the surgery on the patient.	The facility agreed to pay attorney fees, investigative costs, and Board costs of \$934.00 and create and present the Board's staff documents setting forth the facilities policies and procedures related to the maintenance and checking of anesthesia machines prior to their use in surgeries.
10-2016DVM-45 Letter of Reprimand 4/27/2017	South	The Board found that the licensee violated NAC 638.046(1) Violation of Principles of Veterinary medical ethics) and Principles of Veterinary Medical Ethics of the American Veterinary Medical Association Section II (F) (Failure to Provide Essential Services in an Emergency) and Section II (H) (Failure to Treat Clients and General Public with Respect). A rattlesnake bite is always an emergency and the licensee knew that due to the remoteness of the facility there were few providers within proximity for treatment. The licensee had an obligation to see and examine the patient under such emergent circumstances if only to ascertain the patient's status, to determine if the patient was suffering, and to provide stabilizing care. The licensee did not perform these tasks resulting in needless prolongation of the patient's suffering, unnecessary anxiety to the owners, an increase in the potential medical risks to the patients, and a lack of respect for the owner's concern.	The licensee agree to pay the attorney fees, investigative costs, and Board costs of \$668.00 and provide written evidence of the completion of five hours of recognition and treatment of emergencies in small animals and five hours in veterinary ethics and client communication.

Disciplinary Action 2016-2017: Additional information on the individual discipline can be obtained by contacting the Board office. The following is summary of disciplinary action taken by the Board in the past year:			
Case Number and Type of Discipline	Area	Violations	Conditions of the Order
11-2016DVM-46 Letter of Reprimand 7/13/2017	South	The Board found that the licensee was in violation of NAC 638.045(2)(Negligence) and that the licensee's treatment and repair of the patient's leg after the first surgery was below the standard of care and (2) the licensee's bandaging of the leg throughout the patient's care thoroughly covered the patient's leg, leaving no way for the owner to examine or touch the leg to check for infection of necrosis.	The licensee agree to pay attorney's fees, investigative costs, and Board costs of \$1168.50 and submit written evidence of successful completion of three hours of continuing education in orthopedic surgery in small animals and two hours in post-surgical care.
01-2017DVM-02 Letter of Reprimand 7/13/2017	South	The Board found that the licensee had violated NAC 638.140(2)(Negligence) in that (a) neither the licensee nor his staff observed the patient post-surgically until the patient attained a sternal position, resulting in the patient not being observed for as much as twenty minutes during which, at some point, the patient stopped breathing; and (b) the licensee did not perform any life-saving measures after discovering that the patient was not breathing even though the licensee had no way of knowing how long the patient had not been breathing due to the inadequate post-surgical monitoring. The Board additionally found that the licensee violated NAC 638.046(1)(Violation of Principles of Veterinary Medical Ethics) and Principles of Veterinary Medical Ethics of the American Veterinary Medical Association Section II(E) (Communication After VCPR) in that: (a) the licensee failed to inform or discuss pre-anesthetic bloodwork or the insertion of an IV catheter with the patient's owners pre-surgically (b) the licensee's anesthesia release form did not contain any information regarding pre-anesthetic bloodwork or IV catheterization to which the owner could or could not consent; and (c) the licensee did not inform the owner either before, during, or after surgery that although the not completely descended right testicle was not in the scrotal sac, it was in the inguinal canal and could be removed without entering into the abdominal cavity.	The licensee agree to pay attorney fees, investigative costs, and Board costs of \$837.00 and submit written evidence of successful completion of 2 hours of continuing education in post-surgical monitoring and care and two hours of continuing education in veterinary ethics and proper client communications.



Disciplinary Action 2016-2017: Additional information on the individual discipline can be obtained by contacting the Board office. The following is summary of disciplinary action taken by the Board in the past year:			
Case Number and Type of Discipline	Area	Violations	Conditions of the Order
08-2017DVM-39 Letter of Reprimand 1/25/2018	N/A	Nevada Administrative Code (NAC) 638.041(1) (Hours of CE for DVM) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that the Licensee did not maintain or provide the records that would evidence completion of any hours of continuing education for the period of January 1 through December 31, 2016.	The Licensee will pay attorney fees, investigative costs, and Board costs of \$300.00 and a fine of \$350.00 for a total due of \$650.00. The Licensee will provide to the Board's office written evidence of successful completion of 20 hours of continuing education. The Licensee's renewal applications shall be audited for the next three renewal periods.
08-2017LVT-40 Letter of Reprimand 1/25/2018	South	Nevada Administrative Code (NAC) 638.041(2)) (Hours of CE for LVT) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that the Licensee did not maintain or provide the records that would evidence completion of ten hours of continuing education for the period of January 1 through December 31, 2016.	The Licensee will pay attorney fees, investigative costs, and Board costs of \$150.00 and a fine of \$175.00, for a total due of \$325.00. The Licensee will provide to the Board's office written evidence of successful completion of 10 hours of continuing education. The Licensee's renewal applications shall be audited for the next three renewal periods.
08-2017DVM-42 Letter of Reprimand 1/25/2018	South	Nevada Administrative Code (NAC) 638.041(1) (Hours of CE for DVM) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that the Licensee did not maintain or provide the records that would evidence completion of any hours of continuing education for the period of January 1 through December 31, 2016.	The Licensee will pay attorney fees, investigative costs, and Board costs of \$300.00 and a fine of \$350.00 for a total due of \$650.00. The Licensee will provide to the Board's office written evidence of successful completion of 20 hours of continuing education. The Licensee's renewal applications shall be audited for the next three renewal periods.
08-2017LVT-43 Letter of Reprimand 1/25/2018	South	Nevada Administrative Code (NAC) 638.041(2)) (Hours of CE for LVT) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that the Licensee did not maintain or provide the records that would evidence completion of ten hours of continuing education for the period of January 1 through December 31, 2016.	The Licensee will pay attorney fees, investigative costs, and Board costs of \$150.00 and a fine of \$175.00, for a total due of \$325.00. The Licensee will provide to the Board's office written evidence of successful completion of 10 hours of continuing education. The Licensee's renewal applications shall be audited for the next three renewal periods.
08-2017DVM-44 Letter of Reprimand 1/25/2018	North	Nevada Administrative Code (NAC) 638.041(1) (Hours of CE for DVM) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that the Licensee did not maintain or provide the records that would evidence completion of any hours of continuing education for the period of January 1 through December 31, 2016.	The Licensee will pay attorney fees, investigative costs, and Board costs of \$300.00 and a fine of \$350.00 for a total due of \$650.00. The Licensee will provide to the Board's office written evidence of successful completion of 20 hours of continuing education. The Licensee's renewal applications shall be audited for the next three renewal periods.

Disciplinary Action 2016-2017: Additional information on the individual discipline can be obtained by contacting the Board office. The following is summary of disciplinary action taken by the Board in the past year:

Case Number and Type of Discipline	Area	Violations	Conditions of the Order
03-2017DVM-07 Letter of Reprimand 10/19/2017	North	The Board found the licensee to be in violation of NAC 638.045 (2) (Negligence) in that the licensee's recommendation that the patient with an injury to a vital structure (in this case a deep digital flexor tendon with a potentially infected tendon sheath), not be rechecked for four days. The severity of the injury was such that only a daily recheck would satisfy the standard of care. Additionally, the Board found that the licensee violated NAC638.046(1) Violation of Principles of Veterinary Medical Ethics and Principles of Veterinary Medical Ethics of the American Veterinary Medical Association Section II(E) (Communication After VCPR) in that the licensee did not offer to the patient's owners a complete description of all potentially available or useful therapeutic options.	The licensee agreed to pay attorney fees, investigative costs, and Board costs of \$906.00 and submit written evidence of successful completion of three hours of continuing education in the treatment of trauma in horses.
04-2017DVM-16 Letter of Reprimand 10/19/2017	South	The Board found the licensee to be in violation of NAC 638.045(2)(Negligence) in that: (a) the licensee did not perform pre-anesthetic blood work, and did not seek the owners consent to perform pre-anesthetic bloodwork; (b) the licensee did not administer parenteral antibiotics and did not seek the owners consent to administer parenteral antibiotics when a patient presented with purulent, necrotic tissue that was the result of trauma.	The licensee agree to pay attorney fees, investigative costs, and Board costs of \$491.30 and provide written evidence of successful completion of two hours of continuing education in post-surgical management and care and two hours of continuing education in small animal trauma management and care.